

PTO/SB/32 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

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**REQUEST FOR ORAL HEARING
BEFORE
THE BOARD OF PATENT APPEALS AND INTERFERENCES**Docket Number (Optional)
532512000500In re Application of
Gregory M. LANZA et al.Application Number
09/774,278Filed
January 30, 2001For
ENHANCED ULTRASOUND DETECTION WITH
TEMPERATURE-DEPENDENT CONTRAST AGENTS

Art Unit 1617 Examiner S. Sharareh

Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.

The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1,000.00

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 500.00☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 03-1952. ~~I have enclosed a duplicate copy of this sheet.~~☐ A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.I am the
☐ applicant/inventor.☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)
Signature 38440Kate H. Murashige
Typed or printed name☒ attorney or agent of record.

Registration number 29,959

November 8, 2005
Date☐ attorney or agent acting under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34.

(858) 720-5112
Telephone number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Appeal Brief - Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 8, 2005

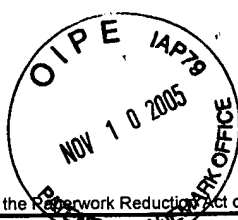
Signature:

(Marian L. Christopher)

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FEE TRANSMITTAL For FY 2005 <small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>		Complete if Known	
		Application Number	09/774,278
		Filing Date	January 30, 2001
		First Named Inventor	Gregory M. LANZA
		Examiner Name	S. Sharareh
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1617	
TOTAL AMOUNT OF PAYMENT	(\$) 500.00	Attorney Docket No.	532512000500

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
_____ - 20 = _____ x _____ = 0.00

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**
_____ = 0.00

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
_____ - 3 = _____ x _____ = 0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
_____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) 0.00
Other (e.g., late filing surcharge): 2403 Request for oral hearing 500.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	29,959
Name (Print/Type)	Kate H. Murashige	Telephone	(858) 720-5112
		Date	November 8, 2005